



# NACMO MEMBERSHIP

NATIONAL ASSOCIATION ©  
OF COMPETITIVE  
MOUNTED ORIENTEERING

-Office Use Only-
Entered online on _____ by _____
Verified on _____ by _____

Send completed membership application and fee to:  
**IN/IL CMO**  
Robin Sahner, 308 W. Delaware Ave, Urbana IL 61801

**MEMBERSHIPS ARE VALID FROM DATE OF REGISTRATION THROUGH DECEMBER 31 OF THE SAME CALENDAR YEAR**

### State Dues:

\$10 IN/IL State Chapter Dues

NEW  RENEWAL

### National Dues:

\$40 Family  \$25 Individual

Lifetime Individual (\$0 Membership) \$5 Individual Lifetime Member Insurance adjustment fee

Lifetime Family (\$0 Membership) \$10 Family Lifetime Member Insurance adjustment fee

<b>PAYMENT</b>
<input type="checkbox"/> Cash
<input type="checkbox"/> Check # _____
Total _____
Enclosed \$ _____

### List all family members:

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
 Adult  Junior (birth date required \_\_\_\_\_)

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
 Adult  Junior (birth date required \_\_\_\_\_)

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
 Adult  Junior (birth date required \_\_\_\_\_)

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
 Adult  Junior (birth date required \_\_\_\_\_)

Name \_\_\_\_\_ CMO # \_\_\_\_\_  
 Adult  Junior (birth date required \_\_\_\_\_)

### List horses you own that are ridden in CMOs

If a new horse was previously owned by a NACMO member, it keeps its NACMO number.  
If you don't know that number, write the owner's name in the # space.  
If the horse has never been issued a NACMO number, write "new" in the # space.

Horse Stable Name \_\_\_\_\_  
Registered Name \_\_\_\_\_  
CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Reg. Y N

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Registered Name \_\_\_\_\_  
CMO# \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_ Age \_\_\_ Reg. Y N

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_

FAX: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ COUNTY \_\_\_\_\_

EMAIL: \_\_\_\_\_

A SEPARATE SIGNED LIABILITY WAIVER FOR EACH MEMBER LISTED ABOVE MUST ACCOMPANY THIS FORM. LIABILITY WAIVERS FOR DEPENDENTS UNDER AGE 18 MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN.

BY SIGNING BELOW, I AFFIRM THAT ALL MEMBERS OF THE FAMILY (AND PARENTS OR GUARDIANS FOR THOSE UNDER 18 YEARS OF AGE) HAVE READ, AGREED TO AND SIGNED THE RELEASE, ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION IN THE DOCUMENT(S) ACCOMPANYING THIS FORM.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_